### **EXHIBIT 62**

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Date 9/27/03  PIndependence  1071  Community Bank	Deposit 850,000 CD  Deposits MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL CHECKS AND OTHER TERMS RECEIVED FOR DEPOSIT AND SUBJECT TO THE TERMS AND CONDITIONS OF ICR.'S PUNDS AVAILABILITY

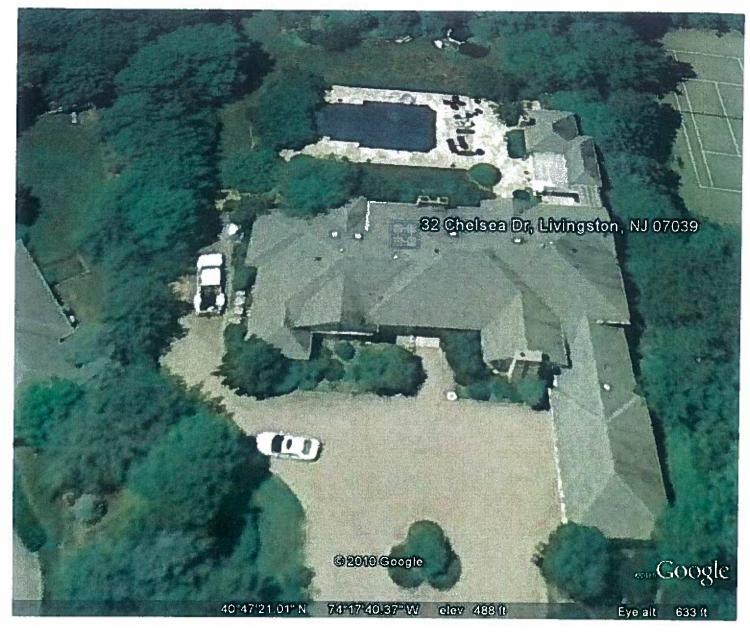
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PLAINTIFF'S EXHIBIT

RESCITO 25

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### **EXHIBIT 63**



### **EXHIBIT 64**

DEMPSEY, DEMPSEY & SHEEHAN

用eed

This Dood is made on MAY 0 8 2004 BETWEEN SCOTT SPECTOR and PATRICIA SPECTOR, husband and wife

whose post office address is 32 Chelses Drive, Livingston, NJ

referred to as the Granton AND MARIO CRISCITO and DONNA CRISCITO, husband and wife

whose post office address is about to be 32 Chelses Drive, Livingston, NJ

referred to as the Grantes. The words "Granter" and "Grantee" shall mean all Grantors and all Grantees listed above.

1. Transfer of Ownership. The Grantor grants and conveys (transfers ownership of) the property (called the "Property") described below to the Grantoe. This transfer is made for the sum of TWO MILLION FIVE HUNDRED THOUSAND DOLLARS (\$2,500,000)-The Grantor acknowledges receipt of this money.

2. Tax Map Reference. (N.J.S.A. 46:15-1.1) Municipality of Livingston Block No. 2400 Lot No. 87 Qualifler No.

Account No. No property tax identification number is available on the date of this Deed. (Check Bex if Applicable.)

3. Property. The Property consists of the land and all the buildings and structures on the land in the Township of Livingston County of Essex and State of New Jersey. The legal description is:

E Please see attached Legal Description annexed hereto and made a part hereof. (Check Bux if Applicable.) Being the same premises conveyed to Scott Spector and Patricia Spector, husbang and wife, by Deed from Bet Air Associates, Inc. dated November 2, 1994, and recorded November 4, 1994, in the Essex County Register's Office in Deed Book 5339 page 164.



Carole A. Greves Recorded/Filed KPJ **Essex County Regio** 05/20/2004 10:16:5 Sk 8089 Pg 758 6Pgs 5

Consideration: 2500000.00 County: 2500,00 State: 6250.00 N.E.B.E 3525.00 Resity Tax: 18876.00 Fees 80.00

red by: (print-eigner's name below signature) Robert W. Dempsey, Esq.

(For Recorder's Use Only)

Cov. to Grantor's Act-Ind. to Ind. or Co InSt# 1024716 BK# 6069 PG# 758\*LL-STATE Legal Plain Language Rev. 1096 Print date 1196 (908) 272-0800 Page 1

### Bill of Sale

This Bill of Sale is made on May 3, 2004

Scott Spector whose address is

Patricia Spector

32 Chelses Drive

Livingston, New Jersey 07039

referred to as the Seller.

TO Mario Criscito whose address is about to be 32 Cheises Drive Livingston, New Jersey 07039

**Donne Criscito** 

referred to as the Buyer.

(Seal)

The words "Buyer" and "Seller" include all Buyers and all Sellers listed above.

- The Seller transfers ownership of the Property described below to the Buyer. The L Transfer of Ownership. Seller has been paid \$ 1,000,000.00 and other good and valuable consideration for making this transfer.
- 2. Property. The following Property is sold to the Buyer (referred to hereinafter as the "Property"):
  All personal property remaining in the real property located 32 Cheisea Brive, Livingston, New Jersey, including, but not limited to, all furnishings, mirrors, rugs, carpets, damperies, lamps, some flutures, pool furniture and all other items remaining at the above referenced property. The Sellers represent that there are no liens or other sums due and owing to any other parties with respect to said personal property.
- 3. Promises by Seller. The Seller promises that no one else has any legal rights in the Property. If anyone claims to have legal rights in the Property, the Seller will defend the Buyer against the claim and will pay all costs, attorney fees and damages.

The Seller agrees to the terms of this Bill of Sale. If this Bill of Sale is made by a corporation, its proper corporate officers sign and its corporate seal is affixed hereto.

Witnessed or Attested By:

AFFIDAVTI OF OWNERSHIP

STATE OF NEW JERSEY. COUNTY OF UNION

Robert W. Dempsey, Esq.

SS:

**Scott Spector** 

**Patricia Spector** The Seller is the owner of the Property described in this Bill of Sale. If the Seller is an individual, the Seller is at least 18 years old. The Seller is in sole possession of this Property. No other persons have any legal rights or security interest in this Property. There are no pending lawsuits or judgments against the Seller or other legal obligations which may be enforced against this Property. No bankruptcy or insolvency proceedings have been started by or against the Seller.

05/03/04 Signed and sworn to before me on

Robert W. Dempsey, A NJ Attorney

Print signer's name below signature

1762 - Bill of Sale Ind. or Corp. Rev 1/01 P 601

Inst# 1024716 BK# 6069 PG# 759 by ALL-STATE LEGAL\*

100 222,0610

STATE OF NEW JERSEY, COUNTY I CERTIFY that on May 3, 2004 Scott Spector		SS: Patricia Spector	
satisfaction, that this person (or if more tages is named in and personally signed this	than one, each peri s document; and		
b. signed, sealed and delivered this docu	i	Robert W. Dempsey	
		An Attorney at Law of the State of NJ Print name and title below againsture	
STATE OF NEW JERSEY, COUNTY OF I CERTIFY that on	OF	88:	
my satisfaction that:	betsomally can	ne before me, and this person acknowledged under eath, to	
a. this person is the the corporation named in this docume	of mt;		
the	3	of this document by the proper corporate officer who is of the corporation;	€1
<ul> <li>c. this document was signed and deliversolution of its Board of Directors;</li> <li>d. this person knows the proper seal of it.</li> <li>e. this person signed this proof to attest</li> </ul>	he corporation whi	poration as its voluntary set duly authorized by a proper ich was affixed to this document; and se facts.	
Signed and sworn to before me on			
	P	rius nares of attesting witness below signature	
Vill of Sa	le	DATED:	
Scott Spector		RECORD AND RETURN TO:	
Patricia Spector	Seller	Thomas E. Cohn, Esq. WOLF BLOCK BRACH EICHLER	
<b>TO</b>		101 Elsenhower Parkway Roseland, NJ 07068	
Mario Crisolto	Buyer		
Donna Criscito			
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1352 - Billi of Sails Inst# 1	024716 BK	# 6069 PG#.760% by ALL-STATE LEGAL®  www salegalous S00222 0310 Page 8	
Rev 1/01 P 6/01	HOLD DO	Wow salepalcom 800.222 0510 Page 8	

### HERITAGE ABSTRACT COMPANY

## SCHEDULE A-4 LEGAL DESCRIPTION

#### Commitment No. H-79819

All that tract or parcel of land and premises, situate, lying and being in the Township of Livingston in the County of Essex and State of New Jersey, more particularly described as follows:

Being known and designated as Lot 63 in Block 233D as shown on a certain map entitled, "Final Plat, Bel-Air - Phase Two, Township of Livingston, Essex County, NJ", which map was filed in the Essex County Register's Office on October 16, 1991 as Map No. 3809.

### BEING further described as follows:

BEGINNING at a point in the westerly side of Chelsea Drive, said point being where the same is intersected by the dividing line between Lots 62 and 63 in Block 223D as shown on the map above referred and from thesee; running

- (1) Along said dividing line, South 83 degrees 34 minutes 40 seconds West 268.28 feet to the rear line of Lot 63; thence
- (2) Along the same, North 28 degrees 16 minutes 04 seconds West 220.56 feet; thence
- (3) South 70 degrees 42 minutes 29 seconds East 68.12 feet; thence
- (4) South 86 degrees 37 minutes 16 seconds East 304.00 feet to the westerly side of Chelsea Drive; thence
- (5) Along the same in a general southerly direction on a curve to the left having a radius of 725.00 feet an arc length of 124.02 feet to the point and place of BEGINNING.

#### NOTE FOR INFORMATION ONLY:

Being commonly known as Tax Lot 87 Block 2400 (32 Chelsea Drive) on the Tax Map of the Township of Livingston, Essex County, New Jersey.

Heritage Abstract Company
Phone: 973-540-1345 Fax: 973-292-1799
As Issuing Agent For
-NEW-JERSEY-TITLE-INSURANCE COMPANY ....

-----Inst#\_1024716 BK#.6069 PG#.761-

DEMPSEY, DEMPSEY & SHEEHAN

The street address of the Property is:

34 Chairea Drive, Livingston, New Jersey
4. Promises by Grantor. The Grantor promises that the Grantor has done no act to encumber the Property. This promise is called a "covenant as to grantor's acts" (N.J.S.A. 46%-6). This promise means that the Grantor has not allowed anyone else to obtain any legal rights which affect the Property (such as by making a mortgage or allowing a judgment to be entered against the Grantor).
5. Signatures. The Grantor signs this Deed as of the date at the top of the first page. (Print name below each signature.)
Witnessed By:  Scott Spector (Seal)
Robert W Dempsey Patricia Spector (Seal)
(Seal)
STATE OF NEW JERSEY, COUNTY OF UNION I CERTIFY that on MAY 0 3 2004 Scott Spector and Patricia Spector, husband and wife
personally came before me and stated to my satisfaction that this person (or if more than one, each person):  (a) was the maker of this Deed;  (b) executed this Deed as his or her own act; and,
(c) made this Deed for \$ 2,500,000 as the full and actual consideration paid or to be paid for the transfer of title. (Such consideration is defined in N.J.S.A. 46:16-5.)
RECORD AND RETURN TO: Thomas E. Cohn, Esq.
Wolf Block Brach Eichler (Print name and lith below signature) 101 Eisenhower Parkway Roseland, NJ 07068 Attorney at Law of New Jersey

109U - Deed - Bargain and Sala

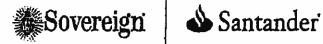
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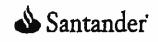
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Page 2

### **EXHIBIT 65**

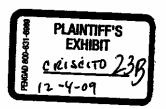
610 Corporate Drive, Building 6 Reading, PA 19605 Phone: 484-248-1210 Fax: 484-248-1120 or 484-248-1121





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Fax:	973	822-1188		Date:	8-27-2009	
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Fax #2 of 2



Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 13 of 107 PageID: 1630

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 14 of 107 PageID: 1631

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 15 of 107 PageID: 1632

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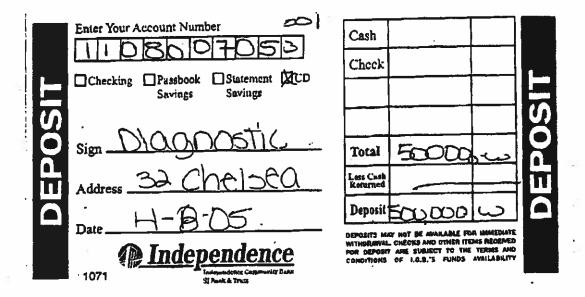
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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 16 of 107 PageID: 1633

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 19 of 107 PageID: 1636

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 24 of 107 PageID: 1641

WITHDRAWAL FROM INDEPENDENCE COMMUNITY BANK TO: 570034504	FOR:  RETURNED CHECK  LOAN DELINQUENCY  DIVIDEND REMITTANCE  PRINCIPAL PAYOUT  PREM. PAYTS.B.L.I.
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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 25 of 107 PageID: 1642

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 29 of 107 PageID: 1646

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	Supervisor's Approval	mbrowles.
	1073 REV 400	

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FROM:

03-14-02 02:48 10:F1AIMC210M

### MARIO A. CRISCITO, M.D.

9/14/2005

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Please be so Kind as to

Marylar one hundred Tourand dullars (#100,000.00)

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Harlyon A liser

FAY # 973-535 1293 Nove # 973 5350578

> 32 CHELBEA DRIVE LIVINGSTON, NEW JERBEY 07039-3420 TEL. 973-894-8880; FAX. 973-994-1908

	Enter Your Account Number	Cash			
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# Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 36 of 107 PageID: 1653

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 40 of 107 PageID: 1657

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 41 of 107 PageID: 1658

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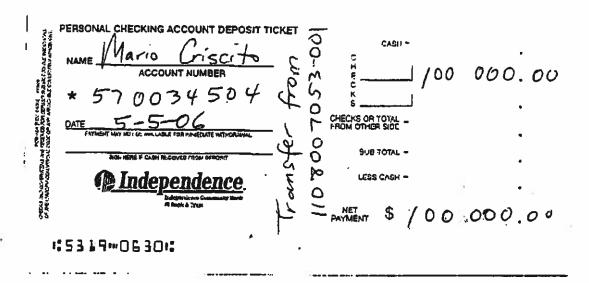
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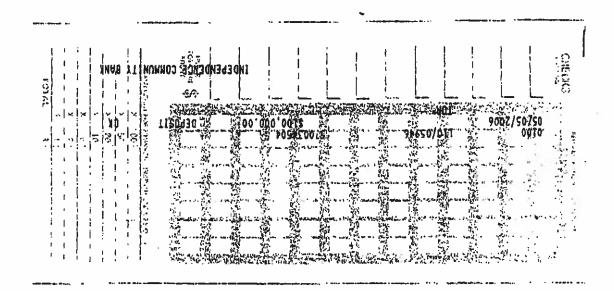
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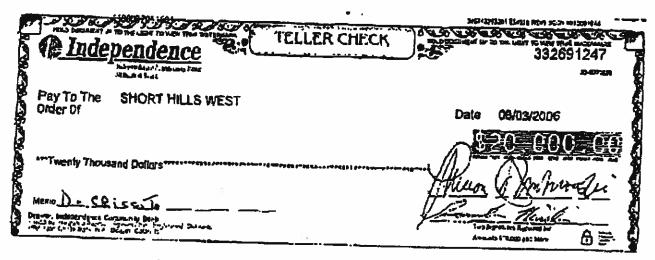
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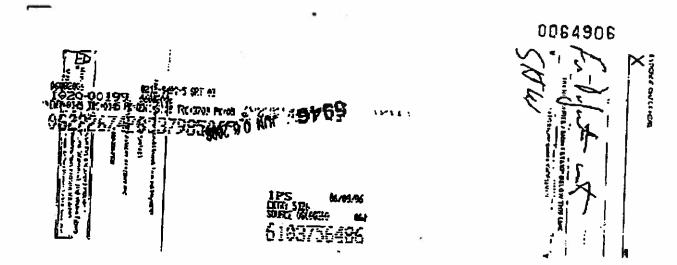
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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 52 of 107 PageID: 1669

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Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 53 of 107 PageID:

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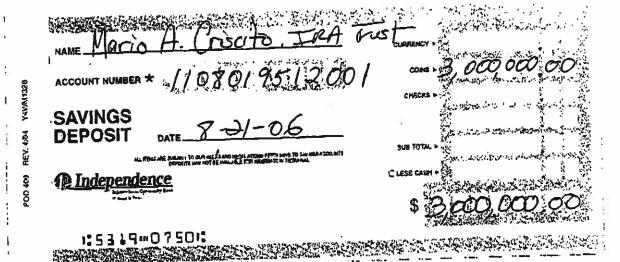
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## Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 54 of 107 PageID:

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## Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 56 of 107 PageID: 1673

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## **EXHIBIT 66**

#### Instructions to Participent

Nets. If you postponed making a contribution to your IFA or certain retempent plans, in the box to the left of box 10, there should be a reason code, the year to which the contribution was credited, and the amount of the contribution.

reason code, the year to which the contribution was credited, and the entering of the contribution. The information on Form \$456 is submitted to the Internet Revenue Service by the trustee or leaves of your individual retirement arrangem (IRA) to report contributions, including any catching contributions, and the late market value of the account. For information about IRAs, see Pub. \$60, Including Patternent Arrangements (IRAs), and Pub. \$60, Retirement Plans for Small Business (SEP SIMPLE and Cualified Fig.

Retirement Plans for Smart Gueiness (SEP STAPLE and Pub. 380, Retirement Plans for Smart Gueiness (SEP STAPLE and Cuadled Plant Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1, Shows traditional IPIA contributions for 2009 you made in 2009 and through April 18, 2007 These contributions may be deductable on your Form 1940 or 1940A. However, if you or your spouse was an actividuations in 1940 or 1940A. However, if you or your spouse was an actividuated. This bas dose not include amounts in boxes 2-4 and 8-10, 2601 East. This bas dose not include amounts in boxes 2-4 and 8-10, and IPIA Thought and IPIA or Retirement IPIA or Retirement IPIA or Retirement IPIA. They are shown in box 3. See the Form 1040 or 1040A instructions for information on how to report rediscert, if you have ever made any normaleductible constitute constitutions to your traditional IPIA or SEP IPIA and you did not roll over the total distribution, use Form 8000, Nondeductible IPIAs, to figure the texable amount of property was relied over as Pub. 840.

Box 3. Shows the amount converted from a meditions IPIA.

Sos 3 Shows the amount converted from a treditional PM, SSP IMA, or SMPLE IRA to a Flesh IMA in 2008. Use Form 8008 to Rigure the levelle amount.

institution (plus eersings) from one type of IRA to enother. See Pub. 350, in 5. Shows the latr methot value of your account at year end.

Never. If a decedent's name is shown, the emount reported may be a PMV on the date of death if the PMV shown is zero for a decedent, a executor or acministrator of the estate may request a date-of-death from the financial institution.

vege from the member expension See. S. For endowment contracts only, shows the amount allocable to cost of tile insurance. Subtract this amount from your allowable IRA contribution included in box 1 to compute your IRA deduction. Box 7. May show the Mnd of IRA reported on this Form \$488.

Sea 6. Shows SEP contributions made in 2006, including contributions made in 2006 for 2005, but not including contributions made in 2007 for 2006 if made by your employer, do not deduct on your income tea return if you made the contributions as a self-employed person for perturn, they may be deductable. See Pub. 500

partner), they may be deductible. See Pub. S80
Bas 8. Shows SMAPUE constitutions made in 2006. If made by your employer, do not deduct on your income las return. If you made the curinflustions as a self-employed person for partner), they may be deductible. See Pub. S80
Bas 10. Shows Right RIA contributions you made in 2006 and through April 16. 2007. Do not deduct on your income tax return.
Bas 11, if the bost is cheated, you must take a required minimum distribution (PMIO) for 2007. An RIMO may be required even if the bost is not checked. The smount, or offer to compute the amount, and date of the RIMO will be furnished to you by January 33 either on Ferm \$406 into to the left of bost 10] or in a separate statement. If you do not take the RIMO for 2007, you are subject to a 50% encise tax on the amount not distributed. See Pub. 580 for details

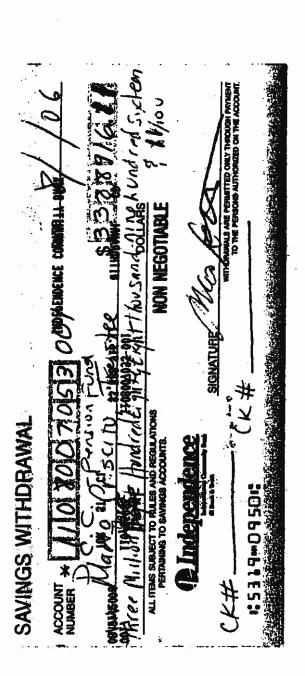
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information		2 Retover contributions	16	PO BOX 12545 READING PA 19512-264
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pnied si	IMPLE Roth IRA	7 IRA SEP S	TR	MARIO A CRISCITO IRA
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the Internal Revenue	2 SIMPLE convibutions S	6 SEP contributions S	3420	LIVINGSTON NJ 07039-
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(keep for your records)

### **EXHIBIT 67**





### **EXHIBIT 68**

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Name of Brian	person to	contact			Telep	hone num 8 <sub>)</sub> 757-	ber -5151	×103				Use Or	
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1 Employer 7	identification 6-0810	number 2 624	Social secur	ity number	3 Total	i number of	\$	Federal inco	me tax withi		1 amount rep 510543	orted with this . 84	Form 1096
Enter an	"X" in onh	y one box	below to I	ndicate the	type of f	orm being	filed. If	this is you	final ret	um, enter	an "X" he	······································	
W-2G 32	1096 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-8 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-LTC 93
1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-FL 98 [25]	1099-8 75	1099-SA 94	5498 28	5498-ESA 72	5498-SA 27				

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature >

#### Title ▶

#### Date >

#### Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmission of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer, a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker, a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrancement, a Coverdell ESA, an HSA, an Archer MSA (including a Medicare Advantage MSA); certain corporations; certain donees of motor vehicles, boats, and airplanes; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by February 28, 2008. File Form 1096 with Forms 5498, 5498-ESA, and 5498-SA by May 31, 2006.

#### Where To File

Send all information returns filed on paper with Form 1098 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue Service Center address

Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia

Austin, TX 73301

Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia

Cincinnati, OH 45999

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin

Kansas City, MO 64999

Case 2:08-cv-01567-GEB -MCA Document 57-13 Filed 09/17/10 Page 63 of 107 PageID:

ER'S name, street address	CORF							
¿R'S name, street address		RECT	ED (if checke	d)		_		
			Gross distribut		OK.	IB No. 1545-0119		Distributions From ensions, Annuities,
Diagnostic & Clinic			4510543.8 Taxable amou		4	2005	1/	Retirement or Profit-Sharing
P.A. Profit Sharing		1	SE I ENCEDIRE SIMOU	ur /	d .		Y	Plans, IRAs,
769 Northfield Aven West Orange, NJ 07		4	0.00		<u>\</u>	om 1098-R	<u> </u>	Insurance Contracts, etc.
		1	tioms eldsxxT dis			Total distributio	n X	
PAYER'S Federal identification number	RECIPIENT'S Identification number	3	Capital gain (ir in box 2a)	cluded	4	Federal income withheld		Copy C For Recipient's Records
76-0810624	144-30-5764	1			\$			
RECIPIENT'S name, address, city, st	ale, and ZIP code	•	Employee contr or insurance pr	fbutions emiums	6	Net unrealized appreciation in employer's sec	ļ	
Mario Criscito		1	<b>3</b>		\$			This information is being furnished to
32 Chelsea Drive Livingston, NJ 0703	9-3420	7	Distribution code(s)	SEP/ SIMPLE		Other		the Internal Revenue Service.
		90	G Your percentage			Total employee con	: % tributions	
Account number (see instruction	nd .	10	distribution  State tax withh	.96 eld	111	State/Payer's s	itate no.	12 State distribution
Appendix Herrison fores management				••••	ļ			\$
	<u> </u>	13	Local tax withh	eld	14	Name of localit	y	15 Local distribution
		.\$	***************************************	••••••	<b></b>		••••••	\$
Form 1099-R	MGA (keep	400	our records)		1		252	Internal Revenue Service
PAYER'S name, street address,		ECT						
	, city, state, and zir code	1	ED (if checke Gross distributi	ion	1	B No. 1545-0119		Distributions From nsions, Annuities,
Diagnostic & Clinica P.A. Profit Sharing	al Cardiology	1		ion 4	1	B No. 1545-0119 20 <b>05</b>		nsions, Annuities, Retirement or Profit-Sharing
P.A. Profit Sharing 769 Northfield Avenu	al Cardiology Plan ue, Suite 220	1 \$	Gross distribut  4510543.8  Taxable amour	ion 4		2005		nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
P.A. Profit Sharing	al Cardiology Plan ue, Suite 220	1 \$ 2	Gross distribut  4510543.8  Taxable amoun  0.00	4 at		20 <b>05</b> om 1099-R		nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs,
P.A. Profit Sharing 769 Northfield Avenuest Orange, NJ 076	al Cardiology Plan ue, Suite 220 052	1 \$ 2 \$ 2	Gross distribute 4510543.8 a Taxable amount 0.00 b Taxable amount not determined	4 at	Fi	20 <b>05</b> orm 1099-R Total distribution	Pe	nsions, Annuities, Retirement or Profit-Sharing Plans, iRAs, Insurance Contracts, etc.
P.A. Profit Sharing 769 Northfield Avenu	al Cardiology Plan ue, Suite 220	1 \$ 2 \$ 2	Gross distribut  4510543.8  Taxable amoun  0.00  b Taxable amoun	4 at	Fi	20 <b>05</b> om 1099-R	Pe	nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  Copy 2 File this copy
P.A. Profit Sharing 769 Northfield Avenu West Orange, NJ 076 PAYER'S Federal identification number 76-0810624	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764	1 \$ 2 \$ 2	Gross distribut  4510543.8  Taxable amoun  0.00  Taxable amoun  not determined  Capital gain (in in box 2a)	4 at	F:	2005 orm 1099-R Total distribution Federal income to withheld	Pe	risiona, Annuitiea, Retirement or Profit-Sharing Plans, iRAs, Insurance Contracta, etc.  Copy 2 File this copy with your state, city, or local
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076 PAYER'S Federal Identification number	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764	1 \$ 2 \$ 2	Gross distribute 4510543.8 a Taxable amount 0.00 b Taxable amount not determined Capital gain (in in box 2a)	tt cluded	4 \$	2005 orm 1099-R Total distribution Federal income t	Pe X	risions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  Copy 2 File this copy with your state,
P.A. Profit Sharing 769 Northfield Avenu West Orange, NJ 076 PAYER'S Federal identification number 76-0810624	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764	1 \$ 2 \$ 2 3	Gross distribution of the control of	tt cluded	4 \$	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in	Pe X	risiona, Annuitiea, Retirement or Profit-Sharing Plans, ifAs, insurance Contracta, etc.  Copy 2 File this copy with your state, city, or local income tax return, when
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076  PAYER'S Federal identification number  76-0810624  RECIPIENT'S name, address, cty, sta	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764 te, and ZIP code	1 \$ 2 \$ 2 3	Gross distribution of the control of	tt cluded	\$ 6 S	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in	Pe X	risiona, Annuitiea, Retirement or Profit-Sharing Plans, ifAs, insurance Contracta, etc.  Copy 2 File this copy with your state, city, or local income tax return, when
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076  PAYER'S Federal Identification number  76-0810624  RECIPIENT'S name, address, city, star  Mario Criscito  32 Chelsea Drive	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764 te, and ZIP code	3 2 2 3 3 5 6	Gross distribute  4510543.8  Taxable amount  0.00  Taxable amount not determined Capital gain (in in box 2a)  Employee contrior insurance pre	tt buttons miums	\$ 6 \$ \$ \$	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in employer's secu	Pe X Lax	risiona, Annuitiea, Retirement or Profit-Sharing Plans, ifAa, insurance Contracta, etc.  Copy 2 File this copy with your state, city, or local income tax return, when
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076  PAYER'S Federal Identification number  76-0810624  RECIPIENT'S name, address, cty, stat  Mario Criscito 32 Chelsea Drive Livingston, NJ 07039	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764  ste, and ZIP code	\$ 2 2 \$ 2 2 3 3 5 6 5 7 7 9e	Gross distribution  4510543.8  Taxable amount  0.00  b Taxable amount not determined Capital gain (in in box 2a)  Employee contribution or insurance pre	buttons miums  IRA/ SEP/ SIMPLE  of total %6	\$ 6 \$ 8 \$ \$ \$ \$ \$	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in employer's secution.  Other	Pe X x x x x x x x x x x x x x x x x x x	risions, Annuities, Retirement or Profit-Sharing Plans, iRAs, Insurance Contracts, etc.  Copy 2 File this copy with your state, city, or local income tax return, when required.
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076  PAYER'S Federal Identification number  76-0810624  RECIPIENT'S name, address, city, star  Mario Criscito  32 Chelsea Drive	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764  ste, and ZIP code	1 1 \$ 2 2 \$ 2 2 3 3 5 6 5 7 7 Page 110	Gross distribution  4510543.8  Taxable amount  0.00  Taxable amount not determined Capital gain (in in box 2a)  Employee contrior insurance pre  Distribution code(s)  G	buttons miums  IRA/ SEP/ SIMPLE  of total %6	\$ 6 \$ 8 \$ \$ \$ \$ \$	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in employer's secu	Pe X x x x x x x x x x x x x x x x x x x	risions, Annuities, Retirement or Profit-Sharing Plans, iRAs, Insurance Contracts, etc.  Copy 2 File this copy with your state, city, or local income tax return, when required.
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076  PAYER'S Federal Identification number  76-0810624  RECIPIENT'S name, address, cty, stat  Mario Criscito 32 Chelsea Drive Livingston, NJ 07039	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764  te, and ZIP code	\$ 2 2 \$ 2 2 3 3 5 6 5 7 7 9e	Gross distribution  4510543.8  Taxable amount  0.00  b Taxable amount not determined Capital gain (in in box 2a)  Employee contribution or insurance pre	buttons miums  IRA/ SEP/ SIMPLE  of total %6	\$ 6 \$ 8 \$ \$ \$ \$ \$	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in employer's secution.  Other	Pe X x x x x x x x x x x x x x x x x x x	risions, Annuities, Retirement or Profit-Sharing Plans, iRAs, Insurance Contracts, etc.  Copy 2 File this copy with your state, city, or local income tax return, when required.
P.A. Profit Sharing 769 Northfield Avent West Orange, NJ 076  PAYER'S Federal Identification number  76-0810624  RECIPIENT'S name, address, cty, stat  Mario Criscito 32 Chelsea Drive Livingston, NJ 07039	al Cardiology Plan ue, Suite 220 052  RECIPIENT'S identification number  144-30-5764  ste, and ZIP code	\$ 2 2 \$ 2 2 \$ 5 6 6 \$ 7 7 9e 10 \$ 5 \$	Gross distribution  4510543.8  Taxable amount  0.00  b Taxable amount not determined Capital gain (in in box 2a)  Employee contribution or insurance pre	butions  IRAV SEPY SIMPLE of total %6	\$ 6 \$ 8 \$ \$ 11 :	2005 orm 1099-R Total distribution Federal income to withheld  Net unrealized appreciation in employer's secution.  Other	Pe X x x x x x x x x x x x x x x x x x x	risions, Annuities, Retirement or Profit-Sharing Plans, iRAs, Insurance Contracts, etc.  Copy 2 File this copy with your stats, city, or local income tax return, when required.

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### **EXHIBIT 69**

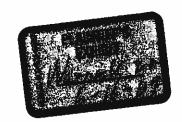
## American Pension Corporation

1375 PLAINFIELD AVENUE ● WATCHUNG, NEW JERSEY 07069 (908) 757-5151 ● Facsimile (908) 757-9644

November 13, 2007

Joy M. Mercer, Esq.
Joy M. Mercer, P.C.
30 Columbia Turnpike
Florham Park, New Jersey 07932

Re: Diagnostic & Clinical Cardiology, P.A. Profit Sharing Plan



Dear Ms. Mercer:

I received your letter of November 9, 2007 regarding Diagnostic & Clinical Cardiology. We are in the process of going through our files to accumulate the documentation that you have requested.

Regarding Item #4 of your letter, enclosed is a blank Benefit Election package, which is used by Diagnostic & Clinical Cardiology for plan distributions. Typically, the completed Election Forms are sent to Mary Sue McCarthy, to us, or to Diagnostic & Clinical Cardiology, P.A. The general procedure is, after our office reviews the Election Forms to make sure they are complete, Mary Sue McCarthy generates a letter of instruction which is signed by the Trustees. She then arranges to make the distribution from Morgan Stanley.

In the case of Mario Criscito, who was the Plan Trustee, he apparently provided the instructions for his own rollover directly to Morgan Stanley. He did not provide us with a copy of his Election Form, but did have Election Forms available to use.

Dr. Criscito did provide us with the dollar amount that was rolled over and we used that information to provide the 1099-R Form. While we certainly prefer that all Election Forms pass through our office, Dr. Criscito was the Plan Trustee, and, as such, had the authority to instruct Morgan Stanley to make the distribution. The only distribution for Dr. Criscito that we were aware of was the distribution of \$4,510,543.84. As such, that was the only 1099-R prepared for him by our office. I am unaware of what institution the rollover was made to, but I believe it was made to Morgan Stanley. Mary Sue McCarthy should have that information.

Dr. Casella has been to our office several times, and has had complete access to all of our files. In the process, a number of questions have come up which only Dr. Criscito, and possibly Morgan Stanley, have the answers to.

-2-

In the meantime, as I have assured Dr. Casella and the Plan Trustees on more than one occasion, you have our full cooperation. As you know, our responsibility is to the current Trustees, and we will do whatever we can to answer any questions you may have.

Sincerely,

Brian P. Warnock Vice-President

#### BPW/sjl

cc: Fadi Chaaban, M.D. (Plan Trustee)
Constantinos A. Costeas, M.D. (Plan Trustee)
Sabino R. Torre, M.D. (Plan Trustee)
Gary Rogal, M.D., President
Anthony Casella, M.D.
Mr. Mark Brown
Mr. Peter V. S. Coughlan, President
Ms. Dominique Eck, Pension Consultant

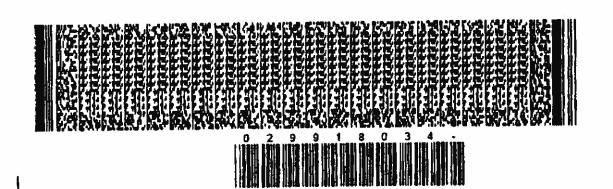
### **EXHIBIT 70**

		8403730103 040.03.0001	
Form 5500 Annual Return/Report of Employee Benef	fit Plan	Official Use City CMB Nos. 1210 - 0110 1210 - 0089	
Retirement income Security Act of 1974 (ERISA) and sections 603  Opportunit of Labor  6067(b), and 6058(a) of the Internal Revenue Code (the Co	ISD, 5047(e),	1999	
Person and Walters Benefits  Administration  Pension Sensit Guaranty Corporation  Complete all entries in accordance with  the instructions to the Form 6640.		This Form is Open to Public Inspection	
Part 1 Annual Report Identification Information			
For the calendar plan year 1999 or fiscal plan year beginning and en			
A material report is inc. (1) [ ] a month project point	dple-employer place (specify)	n; 	
(2) an amended return/report; (4) a sho	nat return/report 60 ni pian year return	ed for the plan; /report (less than 12 months).	
C If the pien is a collectively-bargained pien, check here D if you filed for an extension of time to file, check the box and attach a copy of the extension application			
Part It Basic Plan Information — enter all requested information.			
1a Name of plan DIAGNOSTIC & CLINICAL CARDIOLOGY,	1b Three-di- plan nurr	000	
P.A. MONEY PURCHASE PLAN		date of plan (mo., day, yr.) 04/01/1976	
	_		
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employe	r Identification Number (EIN) 22-2323990	
DIAGNOSTIC & CLINICAL CARDIOLOGY		s telephone number	
CARDIOLOGY, P.A.		973-731-9442 code (see instructions)	
	deregia key	621111	
769 NORTHFIELD AVENUE			
WEST ORANGE NJ 07052	PROBLET LA LIS	HEREN IN CHEST AND THE	
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable of	ause is establishe	ind.	
Under penalties of perjury and other penalties set forth in the instructions, I declars that I have examined schedules, statements and attechments, and to the best of my knowledge and belief, it is true, correct, and	omplete.	, including accompanying	
(Y/C MARIO CRISCITO, )	1.D		
Signature of plan administrator Date Typed or printed name	of individual signi	ng as plan administrator	
Mea A Com Of MARIO CRISCITO, I			
E-greature of employer/plan sponsor/DFE Data Typed or proved name of individual of Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form		3 Form 5500 (199	

PLAINTIFF'S EXHIBIT CRISCITU 13

	Form 6500 (1989) Pos	20.2		Official Use Only
A.M.	tel delinater and	3b Administra	stor's E	IN
- Company		3c Administra	nior's te	elephone number
		La congrata	NEW.	EPERT SERVICE
	If the name and/or £IN of the plan sponsor has changed since the last return/report filed for this plan, enter	r the name,		D EIN
	EIN and the plan number from the last return/report below: Sponeor's name			C PN
1	Preparer information (optional) a Name (including firm name, if applicable) and address			D EIN
ME	RICAN PENSION CORPORATION			22-2141197
37	5 PLAINFIELD AVENUE			© Telephone no.
	WATCHUNG NJ 070	69	_	908-757-515
	Total number of participants at the beginning of the plan year		6	24
	Number of participants as of the end of the plan year (welfare plans complete only lines 7s, 7b, 7c, ar	0701978		15
	Active participants		7a	13
	Retired or separated participants receiving benefits		7b	9
	Other relired or separated participants entitled to future benefits		76	24
	Subtotal Add lines 7a, 7b, and 7c		7d	0
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		78	24
	Total. Add lines 7d and 7e		71	
7	Number of participants with account balances so of the end of the plan year (only defined contribution plan complete this Xem)		79	24
h	Number of participants that terminated employment during the plan year with scorued benefits that were le	es than	7h	0
	100% vested	**		
			71	0
	participants required to be reported on a Schedule SSA (Form 5500)			
- 15	Benefits provided under the plan (complete Sa through Sc, as applicable)  Pension banefits (check this box if the plan provides pension benefits and enter the applicable pension	funtura cortas I	tom th	at let of Plan
a E	Characteristics Codes (printed in the instructions));   2C   2G   3F		٦r	
	Westere benefits (check this box if the plan provides welfere benefits and enter the applicable welfare fe	where codes fro	m the i	ist of Plan
יים	Characteristics Codes (printed in the instructions)):		7	
٦	Fringe benefits (check this box if the plan provides fringe benefits)			
	Plan funding arrangement (check all that apply)  9b Plan benefit arrangement	ent (check all th	at appl	n
-				1
_				
	The state of the s	Insurance contr	racts	
30	(1)	insurance conti	racts	

Form 6599 (1999)	840373 0 103 040 . 03 . 0003 02 Official Use Civis
Schedules attached (Check all applicable boxes and, where indicated, end  Pension Benefit Schedules  [1] X R (Retirement Ptan Information)  [2] X 1 T (Qualified Pension Ptan Coverage Information)  If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year  [3] B (Actuarial Information)  [4] E (ESOP Annual Information)  SSA (Separated Vested Participant Information)	ter the number attached. See instructions.)    D Financial Schedules



840373 0103 040.03.0018



#### SCHEDULE A (Form 5500)

#### Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

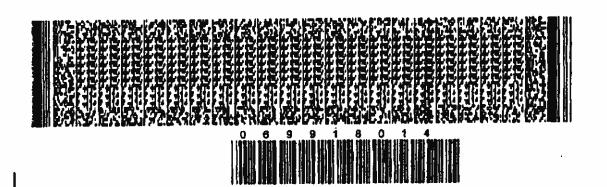
File as an attachment to Form 6580.

OMB No. 1210-0110

1999

This Form is Open to

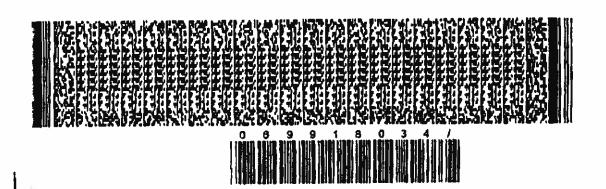
Pension Sanofit Gi	perently Corporation	pursuant to ERISA section 103(e)(2).		Pul	Public Inspection		
or the calendar ye	ar 1999 or fiscal p	lan year beginning	, and ending				
Name of plan			. Money purchase plan	B Three-	digit umber <u>&gt;</u>	002	
Plan aponsor's name as shown on line 2s of Form 5500 DIAGNOSTIC & CLINICAL CARDIOLOGY, P.A.			D Employer Identification Number 22-2323990				
Prov	ormation Cor ide Information fo ided on a single S	r each contract on a separate	ontract Coverage, Fees, and Co Schedule A. Individual contracts grouped as	mmissior a unit in Par	15. Is II and III ca	an be	
Coverage:		(2)	Name of insurance cerrier			<del></del>	
ROVIDENT ?	JOIOAL		_		21,		
(c) NAIC		(d) Contract or	(e) Approximate number of persons		Policy or contract year		
(b) EIN code	Identification number	covered at end of policy or contract year		n From	(g) To		
		4024790	1	01/0	1/1999	12/31/1999	
Insulance fees	and commissions	s paid to agents, brokers, and	other persons:		33	• •	
			Totals				
	Amount of co	ommissions pald	Fe	es paid / Am	ount		
	0			0			
as Damanusch ()	eduction Act No.	tice and OMB Control Numi	hers. see the instructions for Form 55	00. V2.3	Schedule	A (Form 5500) 1	



Schedule A (Form \$500)	1 1996	Page 2	Critical Use Only
		of the agents, brokers or other nurissions or fees were paid	
	T		(e)
(b) Amount of commissions paid		Fees paid	Organizatio
	(c) Amount	(d) Purpose	
	E		
	alayyyyddachar (y er galladda e a e		
v 24-2 ( . d. S. v. Physiologia ( . d. v. S. v.	(a) Name and address	of the agents, brokers or other nonissions or fees were paid	
A.P. A. C. Harrison March	(a) Name and address	of the agents, brokers or other	
(b) Amount of	(a) Name and address	of the agents, brokers or other	(e)
	(a) Name and address	of the agents, brokers or other nmissions or fees were paid	(e)
(b) Amount of commissions paid	(a) Name and address persons to whom con	of the agents, brokers or other nomissions or fees were paid  Fees paid  (d) Purpose	Organizati code
(b) Amount of commissions paid	(a) Name and address persons to whom con	of the agents, brokers or other nonissions or fees were paid Fees paid	(e) Organizati code
(b) Amount of commissions paid	(a) Name and address persons to whom con	of the agents, brokers or other nonissions or fees were paid  Fees paid  (d) Purpose  of the agents, brokers or other	(e) Organizati code
(b) Amount of commissions paid	(a) Name and address persons to whom con	of the agents, brokers or other nonissions or fees were paid  Fees paid  (d) Purpose  of the agents, brokers or other	(e) Organizati code



Schedule A (Form 6500) 1999	840373 0103 040.03.0006 02
Part II Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with ourposes of this report.	
3 Current value of plan's interest under this contract in the general account at year end	
4 Current value of plan's interest under this contract in separate accounts at year and	
5 Contracts With Allocated Funds	
a State the basis of premium rates DON FILE WITH THE DEPT. OF INS.	
b Premiums paid to carrier	
C Premiums due but unpaid at the end of the year	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquire	tion
or retention of the contract or policy, enter amount	0
Specify nature of costs N/A	
e Type of contract (1) X individual policies (2) group deferred annuity	
(3) other (specify)	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separa	
a Type of contract (1) deposit administration (2) immediate participation (3) guaranteed investment (4) other (specify below)	-
b Balance at the end of the previous year	
C Additions: (1) Contributions deposited during the year	
(2) Dividends and credits	Line in the second seco
(3) Interest credited during the year	
(4) Transferred from separate account	
(5) Other (specify below)	
•	
(6) Total additions	
d Total of balance and additions (add ib and c (6))	manage control sides relations
e Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year	2 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2) Administration charge made by carrier	
(3) Transferred to separate account	
(4) Other (specify below)	
(5) Total deductions	
f Balance at the end of the current year (subtract e (5) from d)	<u> </u>
	affer . A serve



,	Benefit and contract type (check all applicable boxes)  a Health (other than dental or vision)  b Dental  c Vision  Supplemental unemployment of the forestity	d Life Insurance ent h Prescription drug I Indemnity contract
	mi Other (specify) ▶ Experience-rated contracts	
a	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	Ecquisinality District
	(4) Earned ((1) + (2) - (3))	
b	Renefit charges: (1) Claims paid	组织营品
	(2) Increase (decrease) in claim reserves	Non-William County County Co. No. 70
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
C	Remainder of premium: (1) Refention charges (on an accruel basis)	Charles of the Control of
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	Status of policyholder reserves at end of year: (1) Amount heid to provide benefits after retirement.	
a	(2) Claim reserves	
	(3) Other reserves	
_	Dividends or retroective rate refunds due. (Do not include amount enfered in c(2).)	
<u>~</u>	Nonexperience-rated contracts:	
	Total premiums or subscription charges paid to carrier	
a	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	
	Specify regular of 50000 P	

SCHED	ULE	A
(Form	5500	n

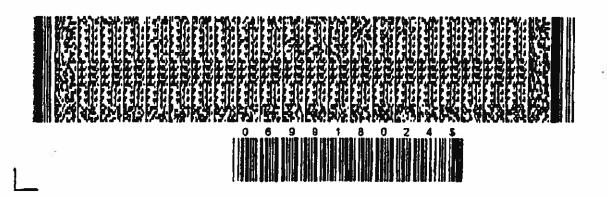
## insurance Information

Schedule A (Form 6600) 1999

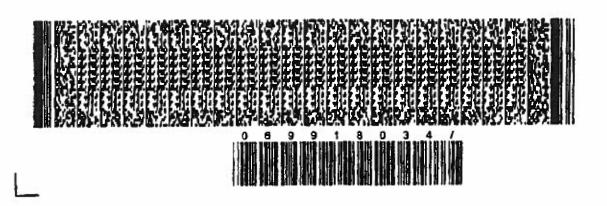
•	m 5500)	This schedule	is required	to be filed under	section 104 of the		OMB N	o. 1210-0110
Internal Re	of the Tressury Manue Service	)		nt Income Securit Machment to Fo	•			1999
Department Pension and Welfwe	ent of Labor Benefits Administration				vid <b>e this inform</b> ation	_	This	Form is Open to
Pension Benefit G	usrancy Corporation	pı	insuant to E	RISA section 10	13(a)(2).	1		iblic inspection
For the calendar ye	ear 1999 or fiscal p	olen year beginning			d ending			
A Name of plan DIAGNOSTIC	4 CLINICAL	CARDIOLOGY, P.A.	MONEY	PURCHASE	PLAN	B Three-di		002
DIAGNOSTIC	& CLINICAL	en line 2e of Form 5500 CARDIOLOGY, P.A.				D Employ	er Identif 22-2	cation Number 323990
Prov		reach contract on a separate chedule A.						an be
1 Coverage:		<del>_</del>						
		(a)	Name of h	nsurance carrier				-
NEW YORK LI	FE	in.						
(b) EIN	(c) NAIC	(d) Contract or		Approximate num			Policy or a	ontract year
(0) 5114	code	identification number	covere	d at end of policy	or contract year	(0)	rom	(q) To
		P8102530	<u> </u>		1	01/01/	/1999	12/31/1999
2 Insurance fees	and commissions	paid to agents, brokers, and d	other perso	ns:				
			To	tals				
	Amount of co	mmissions pald		<u> </u>	Fees	reld / Amoun	k	
	0				0			
For Paperwork Re	duction Act Noti	ce and OMB Control Numbe	2/5, 584	the instruction	s for Form 6500.	v2.3	Schedule	A (Form 6600) 1999



	(a) Name and address of	the agents, brokers or other issions or fees were peld	Official Use City		
	parsons to whom const	resource or rees were paid			
(b) Amount of commissions paid		Fees paid	(e) Organizat		
commissions paid	(c) Amount	(d) Purpose			
la la la reciolidad de la compansión de la	CECHARAMERANISANI				
		the agents, brokers or other nissions or fees were paid			
(b) Amount of		the agents, brokers or other	(e) Organizat		
(b) Amount of commissions paid		the agents, brokers or other dissions or fees were paid			
commissions paid	(c) Amount	the agents, brokers or other issions or fees were paid Fees paid	Organizat code		
commissions paid	(c) Amount	the agents, brokers or other hissions or fees were paid  Fees paid  (d) Purpose  the agents, brokers or other	Organizat code		
commissions paid	(c) Amount	the agents, brokers or other hissions or fees were paid  Fees paid  (d) Purpose  the agents, brokers or other	Organizati code		



Schedule A (Form 5500) 1999 Page	840373 0103 040.03.0010
Part II Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrie purposes of this report.	
3 Current value of plan's interest under this contract in the general account at year end	
4 Current value of plan's interest under this contract in separate accounts at year end	
5 Contracts With Allocated Funds	
a State the basis of premium rates DON FILE WITH THE DEPT. OF INS.	
b Premiums paid to carrier	0
C Premiums due but unpaid at the end of the year	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
or retention of the contract or policy, enter amount Specify nature of costs   N/A	
e Type of contract (1) X individual policies (2) group deferred entruity	
(3) Other (specify)	
f if contract purchased, in whole or in part, to distribute benefits from a terminating plan check here  Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate account	
a Type of contract (1) deposit administration (2) Immediate participation guarante (3) guaranteed investment (4) other (specify below)	
b Balance at the end of the previous year	
G Additions: (1) Contributions deposited during the year	
(2) Ohldends and credits	
(3) Interest credited during the year	
(4) Transferred from separate account	
(5) Other (specify below)	
•	
(6) Total additions	
d Total of balance and additions (edd b and c (6))	
	angular men sar separat i sekara mendularan
e Oeductions;	
(1) Disbursed from fund to pay benefits or purchase annuities during year	
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	



	Benefit and contract type (check all applicable boxes)  a Health (other than dental or vision)  b Temporary disability (accident and sickness)  Stop loss (large deductible)	b Dental f Long-term disability j HMO contract	c Vision g Supplemental unemploym k PPO contract	d Life Insurance ent In Prescription drug I Indemnity contract
-	mi Other (specify) P Experience-rated contracts			
	Premiums: (1) Amount received		1	
	(2) Incress (decress) in amount due but unpaid			
	(3) increase (decrease) in unearned premium reser	we		
	(4)- Earned ((1) + (2) - (3))		*********	
,	Benefit charges: (1) Claims paid			
•	(2) Increase (decrease) in claim reserves		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	fithermal next from
	(3) Incurred claims (add (1) and (2))			
	(4) Claims charged			
	Remainder of premium: (1) Retention charges (on an		1	
3	(A) Commissions			
	(B) Administrative service or other fees			
	(C) Other specific acquisition costs			
	(D) Other expenses			
	(E) Taxes			
	(F) Charges for risks or other contingencies .			
	(G) Other retention charges			CHRIST PARTIES RESIDENCE AND A
	(H) Total retention			
	(2) Dividends or retroactive rate refunds. (These ar	nounts were     paid in cast	s, or credited.)	
d	Status of policyholder reserves at end of year: (1) An	nount held to provide benefits a	Ref refirement	
	(2) Claim reserves		***************************************	
	(3) Other reserves			
ŧ	Dividende or retroactive rate refunds due. (Do not inc	hude amount entered in c(2).)		
	Nonexperience-rated contracts:			3
а	Total premiums or subscription charges paid to carri			
b	If the carrier, service, or other organization incurred in	my specific costs in connection	n with the acquisition	
	or retention of the contract or policy, other than repor	ted in Part I, item 2 above, rep	ort amount	
	Specify nature of costs			

# SCHEDULE I

Department of the Treasur Internal Revenue Service

Copartment of Labor Pension and Western Benefits Administration

## Financial Information - Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

> File as an attachment to Form 6600.

840373 0103 040.03.0012

Official Use City

OMB No. 1210-0110

1999

This Form is Open

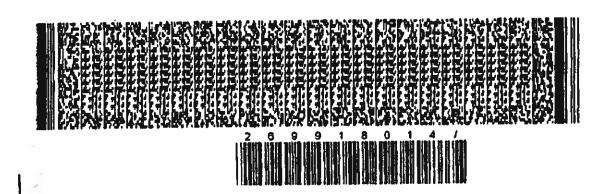
	Pension Denetil Gueranty Corporation						_		to Pub	ic inspection.	
	alendar year 1999 or fiscal plan year be	girning			and en						
	lame of plan					8	Thre			002	
LA	GNOSTIC & CLINICAL CAR	DIOLOGY, P.A.	MONEY P	URCHAS	E PLAN			number			
	lan sponsor's name as shown on line 2	a of Form 5500				D	Emp	loyer id	entificati 22-232	on Number	
IA	GNOSTIC & CLINICAL CAR	DIOLOGY, P.A.									
_		- th 100 partial and	e as of the bea	inning of th	ne plan year. 1	ou may	also c	omplete	Schedule	l if you	
- 0	piete Schedule i if the plan covered lew ling as a small plan under the 80-120 p	articipant rule (see inst	tructions). Com	piete Sche	dute H if repo	ating se	a larg	plan or	OFE.		
Pai	ti Small Plan Financial										
alut	ort below the current value of assets and to of plan assets held in more than one to a specific dollar benefit at a future date. Sayments/receipts to/from insurance ca	include all income and	expenses of the	he plan inc	luding any lru	sants de ract tha st(s) or	iring th t guara separa	e plan y nices di tely mai	ear. Com uring this p ntained fu	ptan year to nd(s) and	
197						(a) Beginning of Year			(b) End of Year		
	Plan Assels and Liabilities: Tutel plan assets		10000000	1a		601,			8,194,766		
a	Total plan assets			1b					4,	18.2	
p				16	6,	601,	582	1.0	8,194,766		
Ç.	Net plan assets (subtract line 1b from Income, Expenses, and Transfers 1	or this Plan Year:		(4.48) S.	(a)	Amoun	t		(b) Total		
		OR HUB FREE LUNE.						12			
a	Contributions received or receivable (1) Employers			2a(1)		318,	831				
	(1) Employers			2a(2)				9/ ±			
	(2) Participants			2a(3)							
	(2) Others (increased totoosas)			2b							
D	Other income			2c	1	, 331,	353				
c	Total income (add fines 2a(1), 2s(2),	2a/31 2b and 2c)		2d				110		1,650,184	
a	Benefits paid (including direct rollover	(a)		2e_							
ě	Corrective distributions (see Instruction	ons)		24							
1	Cartain dearned distributions of partic	ioani loane (see instru	ctions)	20							
9	Other expenses			2h		57	,000	1		1243048	
1	Total expenses (add lines 26, 21, 2g,	and 2h)		_2i_						57,000	
1	Net income (loss) (subtract line 2! fro	m line 2d)		21		N				1,593,184	
k	- 경기 기계를 잃었다고 있었다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그			2k	P	*****		X1127 20			
3				g specific (	ategories, ch	eck yes	and e	ter the d	current val	us as of the	
•	Specific Assets: if the plan held are end of the plan year. Allocate the val- line-by-line basis unless the trust me								,	Amount	
_							Yes	No X		AUTHOUTIE	
	Partnership/joint venture interests .					3a 3b	-	X			
а	Employer real property										





	Schedule I (Form 6500) 1999		Pag	• 2		02	.03.0013
_					41-		Most Use Only
_			3c	Yes	No X		Amount
	eal estate (other than employer real property)		3d		X		
	mployer securities		3 <del>0</del>		X		
	cans (other than to participants)		31		Х		
	angible personal property		3a		X		
int				_			
	uring the plan year.			Yes	No		Amount
	id the employer fail to transmit to the plan any participent contributions within the made	mum	No.		ryeig		
	me period described in 29 CFR 2510.3-1027 (See instructions)		4a		Х		
	Vere any loans by the plan or fixed income obligations due the plan in default as of the				400		
	tose of the plan year or classified during the year as uncollectible? Disregard participar	nt					
	ans secured by the participents' account balance		4b.		Х		
	Vere any leases to which the plan was a party in default or classified during the year as		1 (11)	227	Lift M.		
	ncollectible?		46		Х		
	hid the plan engage in any nonexempt transaction with any party-in-interest?		4d		X		
	Vas the plan covered by a fidelity bond?		4e	X			350,000
ì	lid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was			. 3	V.	i kive.	
	aused by fraud or dishonesty?		41		Х		
	Did the plan hold any assets whose current value was neither readily determinable on a		107		:-::::::::::::::::::::::::::::::::::::		
	stablished market nor set by an independent third party appraiser?		4g	L.	X		
	hid the plan receive any noncash contributions whose value was neither readily			K.			Willer (C.Cy) (Chary)
	leterminable on an established market nor set by an independent third party appraisant		. 4h		X		
	old the plan at any time hold 20% or more of its assets in any single security, debt,			dilla.	# 11 H		ani dirasin'i Ani
	nortgage, parcet of real estate, or partnership/joint venture interest?		41		X		
	Were all the plan assets either distributed to participants or beneficiaries, transferred to						
	nother plan, or brought under the control of the PBGC?		41		<u>  x</u>		
1	ise a resolution to terminate the plan been adopted during the plan year or any prior pl	an year? I	ABR' BU				in assets that
r	everted to the employer this year		X No		muor		
	f during this plan year, any assets or liabilities were transferred from this plan to another	er plan(s),	identify	the ple	m(s) to	which ass	als or Rabilities
٧	vere transferred. (See Instructions.)						Ch/23
	5b(1) Name of plan(s)	5b(2)	(E)M(				5b(3) PN(s)
	i i						1
							-
Ġ.				_	_		-
							1
							-

<del>_</del>		8403730103 040.03.0014
SCHEDULE P	Annual Return of Fiduciary	Official Use Only
FORM 5500)	of Employee Benefit Trust	OMB No. 1210-0110
<b>(. C)</b>	This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tex under section 601(a).	1999
	Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 601(a).	This Form is Open to Public inspection.
Department of the Treesury Internal Revenue Service	▶ File as an altachment to Form \$500 or \$500-EZ.	
	999 or fiscal year beginning , , and ending	
1a Name of trustee or		
ANDIO COTECIMO	· M.D.	
MARIO CRISCITO	d room or suite no. (if a P.O. box, see the instructions for Form 5500 or 5500-E.Z.)	
D Number, street, an	3 John to Sure to: (it a 1.0. ook, see the state of the last of the state of the st	
769 NORTHFIELD	AVENUE	
C City or town, state,	and ZIP code	
WEST ORANGE	พ. บ. 07052	
2a Name of trust DIAGNOSTIC & C	LINICAL CARDIOLOGY, P.A. MONEY PURCHASE PLAN	
b Trust's employer k	tentification number 22-2323990	
3 Name of plan if dif	ferent from name of trust	
4 Have you furnished to be reported by to	the participating employee benefit plan(s) with the trust financial information required the plan(s)?	🗓 Yes 📗 No
or 5500-EZ	nsor's employer identification number as shown on Form 5500	22-2323990
complete.	ry, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true,	correct, and
Signature of Ilduciary		Schedule P (Form \$590) 1939
For the Paperwork Ra see the instructions for	duction Notice and OMB Control Numbers, V2.3 ' / or Form 5508 or 5508-EZ.	4



#### SCHEDULE R (Form 5500)

### **Retirement Plan Information**

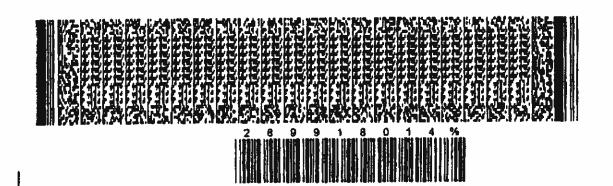
This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 5058(s) of the

OMB No. 1210-0110

1999

Administration  Pension Benefit Guaranty Corporation  Price as an Attachange					
	ni to rom 1606.			Form is O tic Insper	•
or calendar year 1999 or flecal plan year beginning	and ending				
A Name of plan		Three-	figit		
DIAGNOSTIC & CLINICAL CARDIOLOGY, P.A. MONEY PUR	CHASE PLAN	plan no	urber 1		002
Plan sponsor's name as shown on line 2s of Form 5500	1	) Emplo	yer Identific		mber
DIAGNOSTIC & CLINICAL CARDIOLOGY, P.A.			22-23	23990	3
Part I Distributions					
Ill references to distributions relate only to payments of benefits during the	plan year.	5 (100)			
Total value of distributions paid in property other than in cash, annuity contracts, employer securities	A THE PARTY OF THE PARTY OF THE PARTY.	1			
Errier the EIN(s) of payor(s) who paid benefits on behalf of the plan to participant	to or heneficiaries				
during the year (if more than two, enter EINs of the two payors who paid the great		13.2			
of benefits).	ALS COME SHOOMS				
roffi-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
Number of participants (living or deceased) whose benefits were distributed in a	ninels aum chuinn				
		3			**** ***********
Part   Funding Information (If the plan is not subject to the minimum	Audio contracts of sec		the Internal	Dames .	
Partill Funding Information (If the plan is not subject to the minimum Code or ERISA section 302, skip this Part)	I retrieved technical series or sory	MOT 412 01	AND MINETINES	Keverkie	
is the plan administrator mailting an election under Code section 412(c)(8) or ER	ISA section 302(c)(8)?		Yes	XINO	NA
If the plan is a defined benefit plan, go to line 7.					
If a waiver of the minimum funding standard for a prior year is being amortized in	this.				
plan year, see instructions, and enter the date of the ruling letter granting the wal		Month	Day	, Y	oar .
If you completed line 6, complete lines 3, 9, and 10 of Schedule 8 and		AND STORY OF STREET			
B Enter the minimum required contribution for this plan year		6a			18,831
프로그램, 경기 등에 가장 가장 가장 함께 하는 것이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은					18,931
C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter		0.0	•		
of a negative amount)		6c			0
If you completed line 6c, do not complete the remainder of this schedule.		100			
If a change in actuarial cost method was made for this plan year pursuant to a re					
automatic approval for the change, does the plan aponsor or plan administrator a			T Yes	□ No	N/A
Do not complete line 8, if the plan is a multiemployer plan or a plan with 1	5. [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1 [1] 1	ring the n			
Is the employer electing to compute minimum funding for this plan year using the	이 없는데 없는 다른데 이번에 있는데 그리고 되었다.	may the p	nor prair ye	as face as	
provided in Code section 412(I)(11) and ERISA section 302(d)(11)7			Yes	□ No	□ N/A
			1145	1 140	T NO.
Part IN: Amendments  If this is a defined banefit pension plan, were any amendments edopted during the	de afec serve than				
			Yes	T No	
increesed the value of benefits? (see instructions) or Paperwork Reduction Act Notice and OMB Control Numbers, see the			162	I I PRO	

			840373 040.03 02 Official	TAATA .
SCHEDULE T	Qualified Pension Plan Coverage Informati	on	OMB No. 12	10-0110
(Form 5500)	This form is required to be filed under section 6058(a) of the		19	99
Coparisment of the Treasury	internal Revenue Code (the Code).		This Form	
Internet Revenue Service	► File as an attachment to Form 6600.		to Public In	spection.
For calendar year 1999 or fiss	an plan year beginning and ending	B Thre	e-digit	<del></del>
A Name of plan DIAGNOSTIC & CLIP	VICAL CARDIOLOGY, P.A. MONEY PURCHASE PLAN		number 💌	002
C Plan sponsor's name as o	shown on line 2s of Form 5500 VICAL CARDIOLOGY, P.A.	D Emp	Nover Identifi 22-232	cation Number 3990
in a plan maintained by	filed to provide coverage information regarding the noncollectively bargained employed more than one employer, enter the name and EIN of the participating employer: imployer		ployer r identificatio	participating in number
The number of OSLOB b The number of such 05 c Does the employer appl d If the entry on line 2b is	ting the plan operates QSLOBs, enter the following information:  a that the employer operates is  SLOBs that have employees benefiting under this plan is by the minimum coverage requirements to this plan on an employer-wide rather than a Country that are made and tine 2c is "No," identify the QSLOB to which the coverage information	ISLOB bar given on t	sis?	☐ Yes ☐ No
tif you check any box, do  The employer empl b No HCEs benefited The plan benefits o di X The plan benefits a including leased en e The plan is treated	e box before each statement that describes the plan or the employer. In not complete the rest of this Schedule. In only highly compensated employees (HCEs). It under the plan at anytime during the plan year. Inly collectively bargained employees. It nonexcludable nonhighly compensated employees of the employer (as defined in Comployees and self-employed individuals. It is satisfying the minimum coverage requirements under Code section 410(b)(8)(C).  Act Notice and CMB Control Numbers.  See the instructions for Form 5500.	le sections		nd (m)), Form 5600) 1999
For Paperwork Reduction	Act Notice and OMB Control Numbers, see the Instructions for Form 6500.	463		- On 10 000 1 133 P



	Schedule T (Form \$500) 1999	Page 2		40373 0103 40.03.0017 2
4	Enter the date the plan year began for which coverage data is being submitted.	Month	Cay _	Year
a	Did any leased employees perform services for the employer at any time during the plan year?			Yes   No
b	In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b)	and 401(a)(4	),	
	does the employer aggregate plans?			Yes No
c	Complete the following:			
	(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), inch	uding	11	
	'eased employees and self-employed Individuals		c(1)	<del></del>
	(2) Number of excludable employees as defined in IRS regulations (see instructions)		c(2)	<del> </del>
	(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4o(1))		c(3)	
	(4) Number of nonexcludable employees (line 4c(3)) who are HCEs		c(4)	
	(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan		c(5)	
	(8) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs		c(6)	
d	Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which information on lines 4c and 4d pertains (see instructions)	the	đ	%
8	identify any disaggregated part of the plan and enter its ratio percentage:			
	(1) Disaggregated part: Ratio P	ercentage:	e(1)	%
	(2) Disaggregated part: Ratio P	ercentage:	e(2)	, %
	(3) Disaggregated part: Ratio P.	ercentage:	e(3)	96
f	This plan satisfies the coverage requirements on the basis of (check one):	ercentage tes	<u>ıt</u> [	average benefit test



# **EXHIBIT 71**

		9403721982 397.08.0001
Prize 5500 Annual Return/Report of Employee Ber	nefit Plan	Official Use Only
Internal Revenue Service  Department of Libber  Retference Income Security Act of 1974 (ERISA) and sections	of the Employee	GMB Nos. 1219 - 0110 1210 - 00ea
Administration Complete all entries in second	6039D, 6047(e), Code).	2000
the instructions to the Form 6500		This Form is Open to Public Inspection
Part I Annual Report Identification Information		Poblic Inspection
For the calendar plan year 2000 or fiscal plan year beginning and  A This return/report is for: (1) a multiemployer plan:	ending	
(3) X a signific agranteer plan (ather two	rutiple-employer plan; FE (specify)	or
B This return/report is:  (1) the first return/report filed for the plan; (2) an amended return/report, (4) a si  C If the plan is a collectively-bargained plan, check here  D If you filed for an extension of time to file, check the box and attach a copy of the extension application.  Part IF Basic Plan Information — enter all requested information.		for the plan; port (less than 12 months).
1 a Name of plan	45 =	
DIAGNOSTIC & CLINICAL CARDIOLOGY,	1b Three-digit plan numbe	(PN) 002
P.A. MONEY PURCHASE PLAN		le of plan (mo , day, yr.) 04/01/1976
73 Plan annuals and add the second and a second a second and a second	SEPERMENTAL SEPTEMBER	CLIMEN BUILDINGS SOL
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DIAGNOSTIC & CLINICAL CARDIOLOGY	2b Employer ki	entification Number (EIN) 22-2323990
CARDIOLOGY, P.A.		3-731-9442
769 NORTHFIELD AVENUE		de (see instructions) 621111
WEST ORANGE	Section of the sectio	
70 07032		Miles There is not the
Caution: A penalty for the late or incomplete filting of this return/report will be assessed unless reasonable of Under penalties of perjury and other penalties set forth in the instructions, il declare that if here examined schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and in	euse is established.	
Signature of plan administrator Cate Typed or printed name of		plan administrator
and A John MARIO CRISCITO, M		
Signature of employer/plan sponsor/DFE Date Typed or estimate area of the control		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 550	). v3.2	Form 5500 (2000)

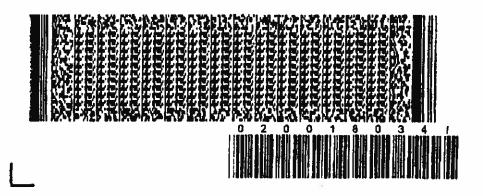
PLAINTIFF'S
EXHIBIT

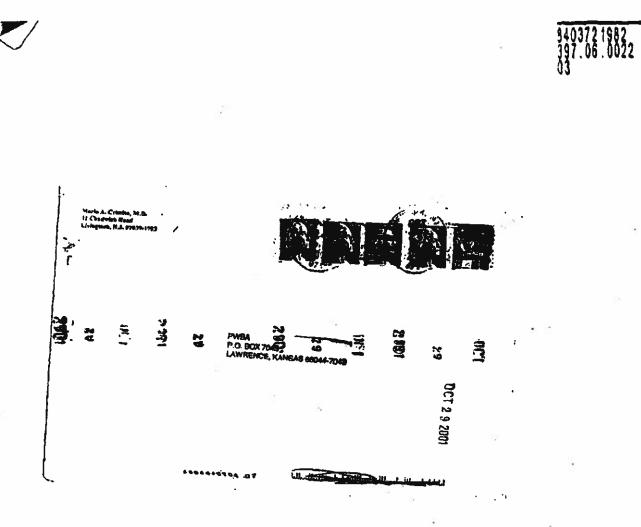
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		397.06.0002
Form 5500 (2000)	9age 2	Official Use Only
3a Pfan administrator's name and address (if same as plan sponsor, enter "Same")	3b Administrati	or's EIN
SAME	3¢ Administrati	or's telephone number
4 If the name end/or EIN of the plan sponsor has changed since the last return/report filed for this plan EIN and the plan number from the last return/report below;		p EIN
a Sponsor's name		G PN
5 Preparer information (optional) a Name (including firm name, if applicable) and address AMERICAN PENSION CORPORATION  1375 PLAINFIELD AVENUE		b EIN 22-2141197 C Telephone number
WATCHUNG NJ 07069		908-757-5151
Active participants  Refered or separated participants receiving benefits  C Other retired or separated participants entitled to future benefits  d Subtotal Add lines 7a, 7b, and 7c  e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits  f Total, Add lines 7d and 7c  g Number of participants with account belances as of the end of the plan year (only defined contribution complete this item)  h Number of participants that terminated employment during the plan year with account benefits that will 100% vested  i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)  8 Benefits provided under the plan (complete 9a through 8c, as applicable)  a X Penson benefits (check this box if the plan provides pension benefits and enter the applicable per Characteristics Codes printed in the instructions):  b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welf Characteristics Codes printed in the instructions):  c Fringe benefits (check this box if the plan provides tringe benefits)  9a Plan benefit arrangement (check as that apply)  (1) X Insurance  (2) Section 412(i) insurance contracts  (3) X Trust  Trust	on plans  vere less than  valed  Insign feature codes from  lare feature codes from	7a 16 7b 0 7c 1 7d 17 7e 0 7f 17 7g 17 7h 0 7i 0 m the List of Plan ithe List of Plan

	Form 5500 (2000)	Page 3
10	Schedules attached (Check all applicable boxes and, where indicated, en	inter the number attached. See instructions.)
а	Pension Benefit Schedules  (1)   X   R (Retirement Plan Information)  (2)   X   1   T (Qualified Pension Plan Coverage Information)  If a Schedule T is not attached because the plan is relying on coverage testing information for a	(1) H (Financial Information) (2) X I (Financial Information Small Plan) (3) X 2 A (Insurance Information) (4) C (Service Provider Information)
	prior year, enter the year  (3)  (4)  (5)  B (Actuarial Information)  E (ESOP Annual Information)  \$\$\$A (Separated Vested Participant Information)	(6) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) (7) X 1 p (Trust Fiduciary Information)
		C Fringe Benefit Schedule F (Fringe Benefit Plan Annual Information)





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# American Pension Corporation

1375 PLAINFIELD AVENUE • WATCHUNG, NEW JERSEY 07069 (908) 757-5151 • Facsimile (908) 757-9644

#### \*\*\*\*\* ATTACHMENT TO FORM 5558 \*\*\*\*\*

The attached form 5558 was timely filed by American Pension Corporation prior to July 31, 2001. Unfortunately a number of 5558 forms were inadvertently mailed to the DOL where the 5500 forms are processed rather than to the IRS. This was an honest mistake and it is understandable how this snafu occurred.

The error in the mailing address was discovered on July 27, 2001 just prior to the filing deadline. We promptly filed signed copies of all of the extensions with the Internal Revenue Service.

Apparently the DOL forwarded a large batch of the 5558's to the IRS well after the July 31st deadline. Although it would have been nice had the IRS considered the forms to have been timely filed, they apparently used the date that they received the forms from the Department of Labor rather than the actual mailing date. As a result, the IRS mailed out letters denying several extensions.

To sum up, while the original filing of the extension may have been denied by the IRS, a second filing was made prior to July 31st. Since the IRS no longer acknowledges timely filed extensions, the purpose of this letter is to advise you that an extension was timely filed and is, therefore, automatically approved.

Kindly mark your records to indicate that a valid extension was timely filed extending the deadline to October 15, 2001. Please do not assess any penalty charges as there obviously was a reasonable cause for any delay in the IRS receiving the original 5558. Again, whether or not the IRS received the original filing from the DOL by July 31st, a second filing was made prior to July 31st.

Please contact our office should you have any questions. Your cooperation in this matter is greatly appreciated.

Sincerely,

Brian P. Warnock Vice President

# American Pension Corporation

1375 PLAINFIELD AVENUE • WATCHUNG, NEW JERSEY 07069 (908) 757-5151 • Facsimile (908) 757-9644

### SEPTEMBER 11, 2001 TERRORIST ATTACK

TO: DEPARTMENT OF LABOR

RE: NOTICE 2001-61 and NOTICE 2001-63 TERRORIST ATTACK

American Pension Corporation, the third party administrator that prepared the attached 5500 form, is located in New Jersey, approximately 25 miles away from New York City. All of our employees have friends, neighbors, and family members who were affected, directly or indirectly, by the terrorist attack on the World Trade Center.

The attack resulted in a loss of work hours as well as a temporary disruption of our phone, fax, and mail service. There was also a general loss of productivity in our office, as we dealt with the shock of the day's events. Lately, even the simple act of opening the day's mail has been slowed down as we hear daily reports of Anthrax being sent through the mail. As a result, despite our best efforts, we were unable to complete the 5500 forms prior to the filing deadline.

We, therefore, request that any penalties for late filing be abated. Your cooperation and understanding in this matter is greatly appreciated.

Brian I Warnoth

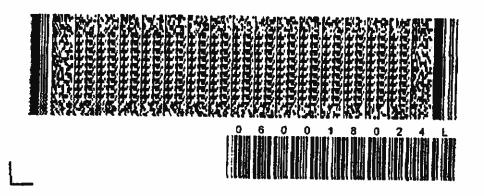
Brian P. Warnock Vice President

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- Transport		► For Paperwork Reduction Act Notice, see in of filter, plan administrator, or plan sponsor (see instructions)							•
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commai due date of the	Dragi	nostic & Clinical CArdiology PA		Employe	r identific	ation number	(EIN), File	vs chaev	raa han
Form 5500.	Numo	or, street, and room or suite no. (If a P.O. box, see instructions.)		18 musi	enter an	EIN. All other	fiers, see	specific	:
5500-EZ, or	-	hadwick Road	_!	instruction	ons,	22-2323	990		OR
5330 (see instructions)	1	town, state, and ZIP code	╗╓			mber (see Sp			
	Livi	ngston, NJ 07039	-	<b>&gt;</b>	rounty no	110m (458.0b	icone mar	CHONE	
1 I requ	est an ex	tension of time until $\frac{10}{\text{month}}$ $\frac{15}{\text{day}}$ $\frac{01}{\text{year}}$ to file (ch	eck app	mpriate	box(es	)}.			
a IXI Fo	m 5500	or 5500-EZ (no more than 21/2 months).						68	
The	annicati	on 15 automation the management to the control of t							
signed	and file	on IS automatically approved to the date shown on line 1	(above)	if: (1) b	ox 1a is	checked,	(2) the F	orm 55	58 is
on line	1 is no	d on or before the normal due date of Form 5500 or 6500-E more than 21/2 months after the normal due date.	Z for w	Mich thi	s extens	tion is requ	ested, a	nd (3) t	he date
			<b></b>						
. □ c.	6226	h a copy of this Form 5558 to each Form 5500 and 5500-EZ	filed aft	er the d	ue date	for the pla	ns listed	below.	
2 Como	m agau Me the f	(no more than 6 months). Payment amount attached is			(se	e instructio	ns)		
2 0011401	era nie i	ollowing for the plan(s) covered by this application (see Hor	y To Fil	<b>e)</b> :					
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3 State I	n detail :	why you need the extension (if line 1b is checked)							<del></del>
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Under penalt authorized to p	ies of pent	ry, I declare that to the best of my knowledge and belief the statement application.	s made o	on this fo	m are tru	e. correct. a	nd comple	in and i	that I am
		appression,							
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Signature ➤	-	John 11. Charlib		Date >	JH	L 1 8 2	nn1		
Notice to	To Be	Completed by the IRS If like 1b is checked V		pt			TE II		<del></del>
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7- 0-	1 17 120	e date entered on line 1 is more than the 6-month maximum	time atto	wed for	r Form 5	330. This a	colicatio	л is an	nroved
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Completed	''``	this form to each Form 5330 that was granted an extens	ion.)						• •
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is checked		The second section of the second seco					,0,,,0,,0	02/0	, or use
ondonud	∐ Thi:	s application for an extension for Form 5330 IS NOT appro	ved, be	cause					
		The application was not signed.							
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į		No payment was attached for the tax due on Form 5336.	1-01 60	ahrania	•				
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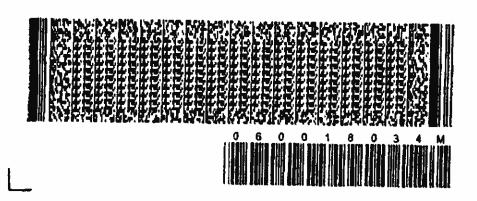
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1 Coverage:			(a) Name of	Insurance carrier					
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Schedule A (Form 5500) 2000	397.06.0006
rage J	Official Use Only
Part III Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may purposes of this report.	
3 Current value of plan's interest under this contract in the general account at year end	T
4 Current value of plan's interest under this contract in separate accounts at year end	
5 Contracts With Allocated Funds	
a State the basis of premium rates DN FILE WITH THE DEPT. OF INS.  b Premiums peid to carrier	
C Premiums due but unpaid at the end of the year	42000
d If the carner, service, or other organization incurred any specific ceate in connection with the acquisition	
or retention of the contract or policy, enter amount	9
Specify nature of costs N/A	
Type of contract (1) X individual policies (2) group deferred annuity     other (specify) P	•
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	FU.
6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a Type of contract (1) deposit administration (2) immediate perticipation guarantee (3) deposit administration (4) other (specify below)	
b Balance at the end of the previous year	
C Additions: (1) Contributions deposited during the year	HIZZ IZGGLEFF GUZZES
(2) Dividends and credits	
(3) Interest credited during the year	
(4) Transferred from separate account	
(5) Other (specify below)	PARKET STATE LINE LINES.
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(6) Total additions	
(6) Total additions  d Total of balance and additions (add, it and c (51))	
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d Total of balance and additions (add to and c (5)) e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	
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d Total of balance and additions (add to and c (5)) e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account	
d Total of balance and additions (add to and c (5))	
d Total of balance and additions (add it and c (5))  Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carner  (3) Transferred to separate account	



7	If more than one contract covers the same group of employees of the same employer(s) or members of the employee organization(s), the information may be combined for reporting purposes if such contracts are so as a unit. Where individual contracts are provided, the entire group of such individual contracts with each of treated as a unit for purposes on this report.  Benefit end contract type (check all applicable boxes)  a Health (other than dentat or vision) b Dentat c Vision  Temporary disability (accident and sickness) f Long-term disability g Supplemental unemploys i Stop lose (large deductible) i HMO contract k PPO contract	perience-rated sarrier may be difference dif
a	Experience-rated contracts  Premiums: (1) Amount received  (2) Increase (decrease) in amount due but unpaid  (3) Increase (decrease) in unearned premium reserve	
b	(4) Earned ((1) + (2) - (3)) Benefit charges; (1) Claims paid (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)) (4) Claims charged	
٥	Remainder of premium: (1) Retention charges (on an eccrual besis) —  (A) Commissions  (B) Administrative service or other fees  (C) Other specific acquisition costs  (D) Other expenses  (E) Taxes  (F) Charges for risks or other contingencies  (G) Other retention charges  (H) Total retention  (2) Dividends or retreactive rate refunds. (These amounts were paid in cash, or credited.)	
9	Status of policyhoider reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves	
9_	Dividends or retroactive rate retunds due, (Do not include amount entered in c(2).)	
a b	Nonexperience-rated contracts:  Total pramiums or subscription charges paid to carrier  If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount  Specify nature of costs	
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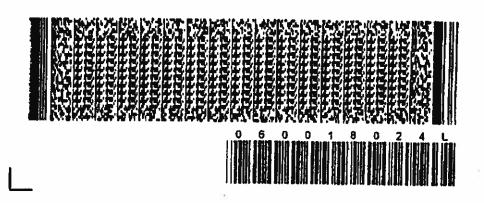
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Pension Benefit C	Versity Corporation	institute d	compenies a pursuant to I	e required to provide this inform ERISA section 103(a)(2).	elion		Form is Open to
	ear 2000 or fisca	l plan yeer beginning		and ending			
		L CARDIOLOGY, P.A	. MONEY	PURCHASE PLAN	B Three-	-	002
DIAGNOSTIC	& CLINICA	on line 2s of Form 5500 AL CARDIOLOGY, P.A		Coverage, Fees, and C	í	22-2	cation Number 323990
		(8	) Name of I	nsurance carrier			
PROVIDENT 1	TUTUAL	(d) Contract or	(2)				
(b) EIN	code	identification number	Covere	Approximate number of persons I et end of policy or contract year	r (6	From	ontract year
		4024790		1		1/2000	(q) To
Insurance fees	and commission	s paid to agents, brokers, and	other person	15:			Đ.
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or Paperwork Re	duction Act No	tice and OMB Control Numb	ers, see th	Instructions for Form 6500.	v3.2	Schedule	A (Form 6500) 200

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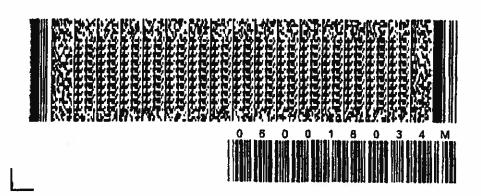
Schedule A (Form 6500) 2000



	(a) Name and address of	the agents, brokers or other	Official Use Only
	persons to whom comm	elseions or fees were paid	
(b) Amount of commissions paid		Fees pard	(e)
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Schedule A (Form 5500) 2000	Page 3
Part II Investment and Annuity Contract Information  Where Individual contracts are provided, the entire group of such individual contracts with each purposes of this report.	Chical Use Coly
Current value of plan's interest under this contract in the general account at year and	
Current value of plan's interest under this contract in separate accounts at year end	
S Contracts With Allocated Funds	
a State the basis of premium rates ➤ON FILE WITH THE DEPT. OF INS.	
D Premiums paid to carrier	0
C Premiums due but unpeid at the end of the year	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
or refention of the contract or policy, enter amount  Specify nature of costs   N/A	
e Type of contract (1) X individual policies (2) group deferred annuity	
(3) Other (specify)	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate	
a Type of contract (1) deposit administration (2) Immediate participation guaranteed investment (4) other (specify below)	
b Balance at the end of the previous year	
C Additions: (1) Contributions deposited during the year	William February Land Land
(2) Dividends and credits	
(3) Interest credited during the year	the state of the Property of the State of th
(4) Transferred from separate account	
(5) Other (specify below)	
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(6) Total additions	
d Total of balance and additions (add b and c (6))	
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(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	E. C. A feet mineral to be the children of the control of
(3) Transferred to separate account (4) Other (specify below)	the designation of the last the second secon
A and deband and the second se	4 7 - 2 7 - 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(S) Total deductions	



3330	Benefit and contract type (check all applicable boxes)  a Health (other then dental or vision) b Dental c Vision  e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployed in Stop loss (large deductible) j HMO contract k PPO contract  Other (specify)	d Life Insurance nent h Prescription drug i Indemnity contract
	Experience-rated contracts Premiums. (1) Amount received	
a ·	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	ATAL AMERICAN PROPERTY
•	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
्रा	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	ENTERNATION OF THE PROPERTY OF THE PARTY OF
	(D) Other expenses	
	(E) Taxes	and the second s
	(F) Charges for risks or other contingencies  (G) Other retention charges	
	(H) Total retention	Andread to the Contract of the
	(2) Dividends or retroactive rate retunds. (These amounts were paid in cash, or credited.)	
	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	
	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
1	Vonexperience-rated contracta:	Sandon as Fight and Base
1	Total premiums or subscription charges paid to carrier	
1	f the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	

### SCHEDULE (Form 5500)

## Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 6500.

Official Use Only

OMB No. 1210-0110

2000

This Form is Open

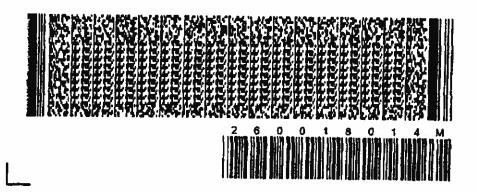
_	Poneitos Benetil Guaranty Corporation	-	20.00				to P	ublic Ins	pection.
	calendar year 2000 or fiscal plan year beginning		an	d ending	10-5	1000	-		
	Name of plan	29-500 au =		9	TI	wee-digit			
	AGNOSTIC & CLINICAL CARDIOLOGY, P.A. MONEY	PURCHA	SE PLAN	1		an numbe	bes cost		002
2	Plan sponsor's name as shown on line 2a of Form 5500			D	) E	mployer	Identific	ation Nur	nber
	AGNOSTIC 4 CLINICAL CARDIOLOGY, P.A.						22-2	323990	
CO	replate Schedule I of the plan covered fewer than 100 participants as of the ber	ginning at	the plan yes	er You may	v als	o complet	e Sched	de Ld vou	11.5
70	ming as a sition plan droot the out too participant rule (see instructions). Con	nplate Sc	hedule H if r	eporting as	e la	rge plan	OF DE	,	
P	art I Small Plan Financial Information			APRO LESS					
te	port below the current value of assets and liabilities, income, expenses, transf	ens and ci	nannee in ne	è secole di	rine	the stee			
-	to a bost specia into in more main one that, he not cultit full Aside of the cou	THOM OF ACT	IDSURBING C	ontract that	f on a	rendana e	described the	- wien seen	
зγ	a special collar benefit at a future data, include all income and expenses of t	he pian in	cludina anv	trust(s) or	sepi	rately ma	intained	fund(s) an	d
ny	paymenta/receipts to/from insurance carriers. Round off amounts to the	nearest	dollar.		-				75) 
	Plan Assets and Liabilities:		(a) 8	ginning of	Yea	r	(b	End of Y	ear
a	Total plan assets	1a		8,1	94,	766			344, 62
b	Total plan liabilities	_1b							
Ç	Net plan assets (subtract line 1b from line 1a)	1c		8,1	94,	766	0.000	10,3	44,62
	Income, Expenses, and Transfers for this Plan Year:			a) Amount	1			(b) Total	
a	Contributions received or receivable	1							
	(1) Employers	2a(1)		;	364	952	308 L AM		93,000
	(2) Participante	2a(2)						l dinein)	
0	(3) Others (including rollovers)	2a(3)					() is some more Notice societs		
b	Noncash contributions	25						illi li sniilli Ceallai li	
C	Other income	2c		2,06	65,	209 F.J.	72. Î E. J		
đ	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	<u>2d</u>					of the		30,241
e	Benefits paid (including direct rollovers)	20			238	382	enik miya	12.14×	
	Corrective distributions (see instructions)	21							
g	Certain deemed distributions of participant loans (see instructions)	2g							
h	Other expenses	2h			42	000			
	Total expenses (add lines 2e, 2f, 2g, and 2h)	<u> 2i</u>	44 A.C.			411			280382
į.	Net income (loss) (subtract line 2i from line 2d)	21					2011/2019	2,1	49,859
k_	Transfers to (from) the plan (see instructions)	2k	* - 2.1					1500410	C/96/S96/25a
	Specific Assets: If the plan held assets at anytime during the plan year in a value of any assets remaining in the plan as of the end of the plan year. Also the assets of more than one plan on a line-by-line basis unless the trust mee		makes of the s	dam's leases					ing
					/es	No		Amount	To your
3	Partnership/foint venture Interests			3a		Х	1	5429.4	and the same of
-	Employer real property								





_	•				397.06.0013
•	Schedule I (Form 5500) 2008	Pa	2 2		03
_	-		Yes	No	Official Use Only Amount
3c	Real estate (other than employer real property)	3c		Х	
d	Employer securities	3d		X	
6	Participant loans	3e		Х	
	Loans (other than to participants)	31		X	
9	Tangible personal property	39		Х	William Control of the Control of th
4	Transactions During Plan Year				
a	Ourning the plan year:		Yes		
4	Did the employer fall to transmit to the plan any participant contributions within the maximum	Light No.			
h	time period described in 29 CFR 2510.3-102? (See instructions)	4a	Process de	X	
	Were any loans by the plan or fued income obligations due the plan in default as of the				
	close of the plan year or classified during the year as uncollectible? Disregard participant	1.000	E Phy		e Park and the state of the sta
	loans secured by the participants' account balance	46		X	
C	Were any leases to which the plan was a party in default or classified during the year as		7.5		
	uncollectible?	4c	l	X	
a	Did the plan engage in any nonexempt transaction with any party-in-interest?	40	<u> </u>	Х	
e	Was the plan covered by a fidelity bond?	<u>4e</u>	X		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was				
122	caused by fraud or dishonesty?	41	<u> </u>	X	
g	Did the plan hold any assets whose current value was neither readily determinable on an	1 1 1		2008 11	
	established market nor set by an independent third party appraiser?	40		X	
п	Did the plan receive any noncesh contributions whose value was neither readily	100		.jpk÷	
,	determinable on an established market nor set by an independent (hird party appraiser?	4h		X	
	Old the plan at any time hold 20% or more of its essets in any single security, debt,	I Hillian	44 E		
1	mortgage, parcel of real estate, or partnership/joint venture interest?	41		X	
3	Were all the plan assets either distributed to participants or beneficiaries, transferred to				
52	another plan, or brought under the control of the PBGC?	41		X	
Ja	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If				t of any plan assets that
S h	reverted to the employer this year	No	Amo	unt .	
,,,	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), k were transferred. (See instructions.)	tentify (r	e plan	(s) to	which assets or liabilities
	Philds there delices				
	3D(1) Name of prants) 5b(2) El	N(s)			5b(3) PN(s)
	i i				1
				_	
_			_		
1	######################################	111			
		11			
		H .			
	# MACKER ERFERENCE FRER FRER FRER FRER FRER FRER FRER FR	)f			
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	以上中国市民市民市民市民市民市民市民市民市民市民市民市民市民市民民市民	ll .			
	1877年7月日日本民主党工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程	11			
24	# 0/438/490/2005/40/2460/46/4/4/25/25/25/25/25/25/25/25/25/25/25/25/25/	l			

		397.06.00	14			
SCHEDULE P (FORM 5500)	Annual Return of Fiduciary of Employee Benefit Trust This schedule may be filed to satisfy the requirements under section 6003(a) for an	Official Use Only OMB No. 1210-0110				
	under section 501(a).  Filling this form will start the running of the statute of limitations up the section 500.	2000	)			
Department of the Treasury Internal Revenue Sentes	650 f(a) for any trust described in section 401(a) that is exempt from tax under section 601(a).  ➤ File as an altachment to Form 5500 or 5500-EZ.	This Form is C Public Inspec	pen to clion,			
For trust calender year 20	100 or fiscal year beginning , and ending					
1a Name of trustee or a	custodian					
MARIO CRISCITO	M.D					
b Number, street, and	room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)					
769 NORTHFIELD	•					
C City or lown, state, a						
WEST ORANGE	NJ 07052					
2a Name of trust DIAGNOSTIC 4 CI	INICAL CARDIOLOGY, P.A. MONEY PURCHASE PLAN					
b Trust's employes ide	ntification number 22-2323990	<del></del>				
<ol> <li>Name of plan if differ</li> </ol>	ent from name of trust		-			
4 Have you furnished to be reported by the	he participating employee benefit plen(x) with the trust financial information required plan(s)?	🗓 Yes	П.,			
		··· [] Yes	□ №			
or 5500-EZ		22-2323990				
Under penalties of perjury, complete.  Signature of fiductary	I decisine that have exemined this schedule, and to the best of my knowledge and belief it is true, co	arect, and				
	ction Notice and OMB Control Numbers, V3.2	Schedule P (Form 6)	500) 2000			
see the instructions for I	orn 5500 or 5500-EZ.					



SCHED	ULE R
(Form	5500)

## **Retirement Plan Information**

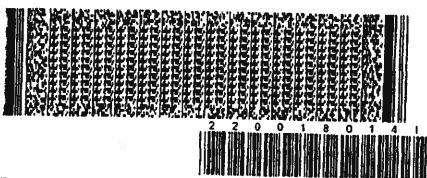
This schedule is required to be filed under sections 104 and 4065 of the Employee Relitement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

Official Use Only

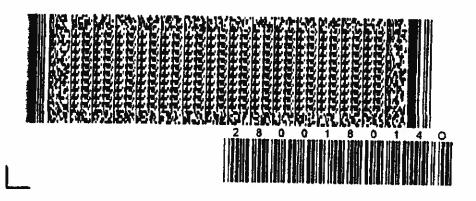
OMB No. 1210-0110

2000

	ension Benefit Gueranty Corporation	File as an Altachment to Form 5509.			TI	ils Fo	m is Open to
	calendar year 2000 or fiscal plan	n year beginning and ending				ruelle	Inspection.
	Name of plan		Τœ	Three-digit			
<u>u.</u>	LAGNOSTIC & CLINICA	L CARDIOLOGY, P.A. MONEY PURCHASE PLAN	5	_		_ [	
·	Light aboutedly ugite 92 shows	on line 2s of Form 5500	15	plan numb	_		002
<u>D)</u>	AGNOSTIC 4 CLINICA	L CARDIOLOGY, P.A.	יין	Employer	Iden	tificati	on Number
LE	art II Distributions		<u> </u>		22-	232:	3990
All	references to distributions rei	ate only to payments of benefits during the plan year.					
1	Total value of distributions paid	in property other than in cash or the forms of property specified		1 1			
	IN the manifictions	*****					
2	Enlet the EIN(s) of payor(s) who	paid benefits on behalf of the plan to participants or beneficianes		1 8		61	
	during the year (if more than two	o, enter EINs of the two payors who paid the greatest dollar amounts					
	of benefits) 22-2	323990					
Pro	fit-sharing plans, ESOPs, and	stock bonus plans, skip line 3.				eri Pirit Parital	
3	Number of participants (living or	decessed) whose benefits were distributed in a single sum, during			ji ji		Y
	перипуеаг	** *******		maxivity in			
P	rtill Funding Inform	ation (if the plan is not subject to the minimum funding requirements of se	- 4.9	3			
_		TOOL SING (IDS FAIL)	caon	412 of the I	riern	al Revo	Mue
4	is the plan administrator making	an election under Code section 412(c)(8) or ERISA section 302(c)(8)?			Т	_	<del></del>
	it can beau iz a detimed bevelt	plan, go to line 7.	• • • •	٠٠٠٠٠٠ لِ	J Y€	13 <u> </u>	No NA
5	If a waiver of the minimum fundir	ng standard for a prior year is being amortized in this					
	plan year, see instructions, and e	mier the date of the ruling letter granting the walver	_		_		
	If you completed line 5, compl	ete lines 3, 9, and 10 of Schedule B and do not complete the remainde		Month	D	ау	Year
6 <b>a</b>	Enter the minimum required conti	ribution for this plan year	ar Ot		40.		
Ъ	Enter the amount contributed by t	the employer to the plan for this clain year		6a s			
C	Subtract the amount in line 6b fro	on the amount in line 6s. Enter the result (enter a minus sign to the left		6b   3			
	of a negative amount)	see the second section at the total section a		-			
	il you completed line to, do no	t complete the remainder of this schedule.		6c 3			
7	If a change in actuarial cost meth	od was made for this plan year pursuant to a revenue amount to a					
•	antomatic approvation for the change	to does the plan sponsor or plan artificial sponsor with the above of			1		
•	no not combiete live s' il the bi	IZN is a multiemployer plan or a plan with 100 or frame particles and			J Yes	· U	No U NA
_		" " " " " " " " " " " " " " " " " " "		ine prior p	an y	ear (se	e Insi.),
	provided in Code section 412(I)(1	1) and ERISA section 302(d)(11)?		_	) ·		_
Pä	THE Amendments				Yes	Щ	No NA
9 (	f this is a defined benefit pension	plan, were any amendments adopted during this plan year that					
11	ncressed the value of benefits? (s	ee instructions)					_
or I	aperwork Reduction Act Notic	e and OMB Control Numbers, see the instructions for Form \$500,			Yes		No
		**************************************	<b>v</b> 3	Z Sched	ule F	(For	n 8500) 200 <i>0</i>
_							
	關係其他科技化學學院	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]					



			84937 397.0	21982 6.0016
201122111	Qualified Pension Plan Coverage Informati	·	•	al Use Only
SCHEDULE T	Qualified Pension Plan Coverage Information	ion	OMB No 12	210-0110
(Form 5500)	This form is required to be filed under section 6058(a) of the		2	000
Department of the Treasury	Internal Revenue Code (the Code).		This For	vn is Open to
Internal Revenue Service	File as an attachment to Form \$500.		1	Inspection.
For calendar year 2000 or I	iscal plan year beginning , and ending		1	
	INICAL CARRIOLOGY B - VOVEN	B Thre	e-digit	
C. Non secreta some	INICAL CARDIOLOGY, P.A. MONEY PURCHASE PLAN s shown on line 2a of Form 5500	plan	number ▶	002
DIAGNOSTIC & CL	INICAL CARDIOLOGY, P.A.	D Emp		ication Number
Note: If the plan is maintal		Т	22-232	3990
An employer that operate each QSLOB (see the in 1 if this schedule is bein	es qualified separate lines of business (QSLOBs) under Code section 414(r), a separate instruction for line 2).  In filled to provide coverage information regarding the noncollectively bargained employee y more than one employer, enter the name and EIN of the participating employer:	Schedule 1	rnsy be requ	ured for ating
2 If the employer mainta	ining the plan operates QSLOBs, enter the following information:	_	<del></del> .	
a The number of QSLO	Bs that the employer operates is			
D The number of such C C Does the employer and	SLOBs that have employees benefiting under this plan is			~ _
U if the entry on line 25 t	by the minimum coverage requirements to this plan on an employer-wide rather than a Q s two or more and line 2c is "No," identify the QSLOB to which the coverage information	gi <del>ven</del> on lin	s? e 3 or 4 relate	Yes No
II YOU CHECK ANY DOX	se box before each statement that describes the plan or the employer. Also see instruction, do not complete the rest of this Schedule,	ns.		<del></del>
2 The employer emp	toys only highly compensated employees (HCEs).			
D No HCEs benefited	I under the plan at anytime during the plan year.			
C The pion benefits a	only collectively-bargained amployees.			
d The plan benefits a	il nonexcludable nonhighly compensated employees of the employer (as defined in Code	sections 4	14(b), (c), and	<b>i</b> (m)),
"ucinomia seasea eu	rproyees and self-employed individuals.			
or Panamust Dadustian	as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).			
or eabermork Kennetiou	Act Notice and OMB Control Numbers, see the instructions for Form 5600.	v2.3 s	chedule 7 (F	om 5600) 2000



Γ	<u>-</u> `		397.	72 1982 06 . 0017
	Schedule T (Form 5500) 2000	<u>age 2</u>		
4	Enter the date the plan year began for which coverage data is being submitted.			rial Use Only
a	Old any leased employees perform services for the employer at any time during the plan year?	Month 01	Day 01	Year 2000
b	in testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) at			Yes X No
	does the employer aggregate plans?	nd 401 (a)(4),		
C	Complete the following:			Yes X No
	(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), include			_
	feased employees and self-employed individuals	-	.1	
	(2) Number of excludable employees as defined in IRS regulations (see instructions)	c(1)		1.7
	(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1))	c(2)		0
	(4) Number of nonexcludable employees (line 4c(3)) who are HCEs	c(3)		17
	(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan	c(4)		44
	(6) Number of benefiting nonexcludable employees (fine 4c(5)) who are HCEs	<u>c(5)</u>	T	16
đ	Enter the plan's ratio percentage and if prolemble (despite the city) who are HCEs	c(6)		4
_	Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions)			
6	Identify any dispersented part of the plan and asked to set			92.3
_	Identify any disaggregated part of the plan and enter the ratio percentage or exception (see Instructions)  (1) Disaggregated part:	11500		
	(2) Disconnected and			%
	(3) District and and and	· -		%
	Ratio % or E)	ception: <u>e(3)</u>	<u> </u>	%
f	This plan satisfies the coverage requirements on the basis of (check one):	entaga lest	aver	ige benefit test

